



OUTSIDE of SCHOOL SERVICE HOURS

Gurrie Middle School
"We Make a Difference"
Service Opportunity Report Form

BE THE CHANGE
VOLUNTEER &
MAKE THE DIFFERENCE



School Year: _____

Date Submitted: _____

Total Hours Earned: _____

Name: _____ Advisory: _____ Grade: _____

Date(s) Served: _____

Organization Where You Served: _____

List/Describe the type of service you performed: _____

How did this experience impact you? Provide some detail of what you learned or thought while you were providing this service: _____

Please have your form signed by an adult with whom you served or who supervised your service OR you may attach a note signed by the supervisor.

Organization: _____ Phone Number: _____

Name of Supervisor: _____ Date: _____

Supervisor Signature: _____ Title: _____